

Docket No.: 4564-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

William M. OWENS

Serial No. 09/053,832

Filed

For

Group Art Unit: 3724

Examiner: C. Goodman

ASSOCIATE POWER OF ATTORNEY

Honorable Commissioner of  
Patents and Trademarks  
Washington, D. C. 20231

The undersigned Principal Attorney of record hereby appoints the following Attorneys  
as his Associates with regard to the above-identified application:

Allan M. Lowe, Reg. No. 19,641; Benjamin J. Hauptman, Reg. No. 29,310; Kenneth M.  
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Please continue to address all communications to the undersigned.

Respectfully submitted,

LEGGETT & KRAM

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## LOWE HAUPTMAN GILMAN &amp; BERNER, LLP

DOCKET NO: 4564-001

PATENT

Ser./Pat No. 09/053,832 Filing/Issue Date: 04/01/98 Applicant(s): Wm. M. Owens

THE U.S. PATENT AND TRADEMARK OFFICE STAMP HEREON ACKNOWLEDGES RECEIPT OF:

<input type="checkbox"/>	Amendment/Response	\$	<input type="checkbox"/>	Miss. Pts. Resp./w. Ded.	\$
<input type="checkbox"/>	Appeal Brief (triplicate)	\$	<input type="checkbox"/>	Notice of Appeal	\$
<input type="checkbox"/>	Assignment	\$	<input type="checkbox"/>	Oral Hearing, Req.	\$
<input type="checkbox"/>	Certificate of Correction, Req.	\$	<input checked="" type="checkbox"/>	Power of Attorney	No fee
<input type="checkbox"/>	Change of Address	No fee	<input type="checkbox"/>	Priority Document(s)	No fee
<input type="checkbox"/>	Claim of Priority	No fee	<input type="checkbox"/>	Refund, Request for	No fee
<input type="checkbox"/>	Declaration, Sub./Supp.	No fee	<input type="checkbox"/>	Reply Brief (triplicate)	No fee
<input type="checkbox"/>	Drawing Revision, Request	No fee	<input type="checkbox"/>	Restrict/Elect. ecl., Resp.	No fee
<input type="checkbox"/>	Extension of Time, Petition	\$	<input type="checkbox"/>	Revoke Power/Atty. &	
<input type="checkbox"/>	Filing Recl., Req. for Cont.	\$	<input type="checkbox"/>	New Appointment	No fee
<input type="checkbox"/>	Formal Dwg. (# of sheets)	No fee	<input type="checkbox"/>	Small Entity StranL	No fee
<input type="checkbox"/>	Info. Disc. StranL/Refs/1449	\$	<input type="checkbox"/>	Status Inquiry	No fee
<input type="checkbox"/>	Issue Fee	\$	<input type="checkbox"/>	Terminal Disclaimer	\$
<input type="checkbox"/>	Maintenance Fee (____ yr.)	\$			
<input type="checkbox"/>	Check No. _____ \$ _____		<input type="checkbox"/>	CHG. TO DEP. ACCT. NO. _____	
<input type="checkbox"/>	Credit Card _____ \$ _____				

Filed by: Atty/Sec. BSH/jh Today's Date 6/18/01